

PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/797,278
Filing Date	03/10/2004
First Named Inventor	Daniel Reis
Art Unit	3772
Examiner Name	BROWN
Attorney Docket Number	REIS2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

01444

☒ Please change the correspondence address for the above-identified application to:

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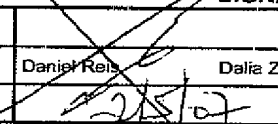
<input type="checkbox"/> Firm or Individual Name			
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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Daniel Reis	Dalia Zucker	Asher Bin Nun
Date	2/5/07	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (01-06)

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First Named Inventor	Daniel Reis
Art Unit	3772
Examiner Name	BROWN
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OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Daniel Reis

Dalia Zucker

Asher Bin Nun

Date

03.05.07

Telephone

077 700 2039

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PTO/SB/02 (01-05)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/797,273
	Filing Date	03/10/2004
	First Named Inventor	Daniel Reis
	Art Unit	3772
	Examiner Name	BROWN
	Attorney Docket Number	REIS2

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ The address associated with
Customer Number:

01444

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record			
Signature	ASHER BEN JONAI		
Name	Daniel Reis	Dalia Zucker	Asher Bin Nun
Date			Telephone

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